	Substitu	ute Schedu	le K-1 (100S)	Specification	ons
Definitions:	NUMERIC = $0-9$	MUST BE AL	L CAPS) L CAPS), 0-9	(print lines All printed	er 12-point font, not bold, for taxpayer data 9 - 23) and CTP ID and Doc ID. text and data must be Left Aligned unless struction is provided in Field Description
Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
1-3	Blank lines	-	_	_	
4	"Taxable Year" and underline	6	8	13	Conventional form size/style
4	Title of Form	15	37	51	Conventional form size/style
4	Anchor Mark	59	2	60	Anchor mark, Conventional form size/style
4	"California Form" and underline	69	11	79	Conventional form size/style
5	Taxable Year Area "20 18 "	7	6	12	Conventional form size/style
5	Title of Form Form Identifier	15	37	51	Conventional form size/style
5	(Schedule K-1 100S) Area	70	9	78	Conventional form size/style
6	Taxable Year Area "20 18 "	7	6	12	Conventional form size/style
6	Title of Form	15	37	51	Conventional form size/style
	Form Identifier		-		
6	(Schedule K-1 100S) Area	70	9	78	Conventional form size/style
6	Bold Line	6	-	80	Conventional form size/style
7-8	Blank lines	-	-	-	-
9	Taxable Year Beginning (mandatory)	8	3	10	"TYB"
9	Taxable Year Beginning (mandatory)	13	10	22	Numeric, "-," Enter "MM-DD-YYYY" for fiscal or calendar year beginning, Enter "00-00-0000" only if TYB is unknown
9	Taxable Year Ending (mandatory)	25	3	27	"TYE"
	10		N		Numeric, "-", Enter "MM-DD-YYYY" for fiscal or calendar year ending, Enter "00-00-0000"
9	Taxable Year Ending (mandatory)	30	10	39	only if TYE is unknown
10	Shareholder's Identification number (mandatory)	8	11	18	Numeric, "" Enter SSN or ITIN (e.g., "123-45-6789") or FEIN (e.g., "12-3456789")
44				40	Alpha, No Embedded spaces, or blank. If Shareholder's Identification Number is an SSN or ITIN, enter individual's name on print line 11.
11	Shareholder's First Name	8	11	18	Otherwise, leave print line 11 blank.
11	Shareholder's Middle Initial	21	1	21	Alpha, or blank
11	Shareholder's Last Name	24	17	40	Alpha, or blank
12	Shareholder's Name	8	70	77	Alphanumeric, Embedded spaces, "-," "," "&", No other symbols or punctuation. If Shareholder's Identification Number is a FEIN or Revocable Trust SSN, enter shareholder's name on print line 12. Otherwise leave print line 12 blank.
13	Additional Information for In-Care-Of, Owner, Representative, Attention name, Doing Business As (DBA) or supplemental address information	8	30	37	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no in-care-of/owner/representative/attention name/DBA or supplemental address information, leave print line 13 blank.
14	Street Address (mandatory)	8	30	37	Alphanumeric, Embedded spaces, "-," "/", No other symbols or punctuation

	Sub	stitute Schedu	le K-1 (100S)) Specificati	ons											
Definitions:	NUMERIC = 0	A-Z (MUST BE AL I-9 A-Z (MUST BE AL	,	(print lines All printed	er 12-point font, not bold, for taxpayer data s 9 - 23) and CTP ID and Doc ID. text and data must be Left Aligned unless struction is provided in Field Description											
Print Line	Identification	Begin Print	Maximum Field	End Print	Field											
Number	Identification City (respondence)	Position	Length	<u>Position</u>	<u>Description</u>											
15	City (mandatory) State (mandatory) (Use Standard Abbreviations in this publication.)	8 	2	28	Alphanumeric, Embedded spaces Alpha. If foreign address, leave State field blank.											
10	and publication.)				Numeric, "-". If foreign address, leave											
15	ZIP Code	31	10	40	ZIP Code field blank.											
16	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank											
17	Blank line	_	_	-												
18	Corporation Number (mandatory)	8	7	14	Numeric, seven digits or zero fill (e.g., "1234567" or "0000000")											
18	Federal Employer Identification Number (FEIN) (if available)	25	10	34	Numeric, "-" or zero fill (e.g., "12-3456789" or "00-000000")											
19	Name of Corporation (mandatory)	8	70	77	Alphanumeric, Embedded spaces, "-," "/"," "&", No other symbols or punctuation											
20	Additional Information for Owner, Representative, Attention name, Doing Business As (DBA), or supplemental address information	8	30	37	Alphanumeric, Embedded spaces, "/", No other symbols or punctuation. If no owner/ representative/attention name/DBA or supplementa address information, leave print line 20 blank.											
21	Street Address (mandatory)	8	30	37	Alphanumeric, Embedded spaces, "-," "/", No other symbols or punctuation											
22	City (mandatory)	8	17	24	Alphanumeric, Embedded spaces											
22	State (mandatory) (Use Standard Abbreviations in this publication.)	27	2	28	Alpha. If foreign address, leave State field blank.											
22	ZIP Code	31	10	40	Numeric, "" If foreign address, leave ZIP Code field blank.											
23	If Foreign Country Name	8	19	26	Alphanumeric, Embedded spaces, or blank											
24-25	Blank lines	(-)	_	-												
26-59	Form area	6	_	80	Conventional form, size/style											
60-61	Blank lines	_	_	_	_											
62–63	Bottom Registration Mark, Anchor Mark, conventional area of Schedule K-1 (100S		_	_	End of bottom registration mark, anchor mark, anconventional form size/style											
63	CTP ID	32	3	34	Numeric, replace '613" with your assigned CTP ID											
	· O				Numeric, "7871 18 4" (Side 1), "7872 18 4" (Side 2),											
63	Doc. ID (mandatory)	40	7	46	and "7873 18 4" (Side 3)											

Substitute Schedule K-1 (100S) Entity Entry Area Record Layout Note: Record Layout is Reduced

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